

BREASTFEEDING TIMES

DECEMBER 2012

VOLUME 1, ISSUE 10

Seeing Human Milk as the Norm



Human milk is the biologically “normal” food for babies and children; it is nothing more and nothing less. If we describe breast milk as some superior food, then people are likely to think formula must be just fine. But formula is not fine, it is deficient! We all know there are negative consequences to formula-feeding. For example, women who formula feed their infants are at higher risk of breast, ovarian, uterine, and

endometrial cancer. Babies who are formula-fed have higher rates of cancer, obesity, diarrhea, ear infections, respiratory infections, allergies, asthma, reflux, and death.

So how does seeing human milk as the norm change the words we use? It means we can no longer speak of the benefits of breastfeeding or use phrases such as breastfed babies are less likely to get diabetes. The “normal” infant state include less obesity, diarrhea, and respiratory infections; it is only when a substitute for human milk is introduced that we see the risks of disease states increase. So, we

need to be clear when educating WIC families; it is feeding formula that increases the risk of many disease states for both mother and child.

"Stand up for mothers and children." Breastfeeding is a normal part of family life. You can remind the mothers you serve that most mothers actually do breastfeed initially, but poor support results in short duration. WIC is here to provide moms with the support of lactation consultants, peer counselors, and WIC staff who believe in every mothers' ability to provide for the needs of her baby. ☪

Breastfeeding Training — Creating a Theme

Creating a theme for staff training can increase *anticipation* for the training and *participation* in the training. United Health Centers of the San Joaquin Valley WIC Program used this concept in creating a theme day for a portion of their breastfeeding education last year. “It’s All About the Gold” compared the mining days of California to the promotion and support of the breastfeeding “Gold Standard” and colostrum as “Liquid Gold.” The staff was invited to wear western wear and the training center was decorated with a western theme.

Training presentations included: “Breastfeeding: Gluten and Celiac Disease” by Alice



KATHY HARRIS, BIBIANA DIEZ, THOMAS BRAND, TERRY ECHEVESTE, LUPE TREVIÑO ENJOYING THE UNITED HEALTH CENTERS WIC BREASTFEEDING TRAINING DAY.

Voluntad, RD; “Breastfeeding: A Political Issue” by Gail Newel, MD; “Maximizing Milk Yields with Breast Pumps” by Ame Raila, Ameda Sales Specialist; and “Breastfeeding Naturally” by Kathy Harriss, RD, CLC.

Each training folder had a picture of a mammal or a description of a mammal. “Gold”

nuggets (a.k.a. gold wrapped chocolates) were given out for matching the pictures with the correct descriptions. Disposable bandanas (a.k.a. packets of facial tissue!) were given to those who shared a comparison of the mammal’s nursing to human nursing. Door prizes were mining journals (a.k.a. notebooks).

The training day concluded with the challenge to “Use golden moments and golden opportunities to share golden nuggets about the gold standard.”

What’s up for next year? “It’s All About the Gold” – part 2 with an island theme along with some great breastfeeding training! ☪

2012 BPC Program Regional Trainings



Seven informative BPC Program Regional Trainings were conducted during August and September 2012. Program administrators within each region met with BPC State Agency Contacts to form committees that developed one-day training workshops for the BPC Program staff. The planning process consisted of several conference calls and collaborating and networking with program administrators to coordinate speakers, venues, and agendas for the seven workshops.

The Regional Trainings covered specific breastfeeding topics identified by program staff to be most important in their geographical area. For example: the Coastal Regional Training

focused on supporting and addressing the needs of breastfeeding moms who are also farm workers; the Southern Regional Training provided information on perinatal mental health and discussed issues regarding the use of the Peer Counseling Database (PCDB).

Additional topics discussed ranged from low milk supply, biological nurturing, assisting the diabetic mother with breastfeeding twins, facilitating a support group, and promoting the BPC Program to moms in their 3rd trimester. Recommended topics for future trainings included medications and breastfeeding, breast implants, breast surgeries and breastfeeding, and the Baby Café. The local trainings were easily accessible for all program staff to attend. A total of 351 BPC Program staff attended these seven successful Regional Trainings.

Training evaluations indicated the success of the Regional Trainings. When asked what other trainings would enhance staff knowledge of the BPC Program, the overall response indicated additional Motivational Interviewing training for PCs, sharing of forms and other resources, additional PCDB instructions, and more information on how to facilitate a successful support group.

We wish to express our sincere appreciation to those who contributed their time, expertise, skills, and commitment to the success of the Regional Trainings. Perhaps the most beneficial aspect of the Regional Trainings was the opportunity for BPC Program staff within their regions to meet, network, and discuss similar concerns with their peers.

If you would like to review the Regional Training evaluations, contact Sharron Watts at: Sharron.watts@cdph.ca.gov or (916) 928-8741. ☞

3rd Annual California Breastfeeding Summit

The California Breastfeeding Coalition is sponsoring the 3rd Annual California Breastfeeding Summit. This year's theme is "Strengthening Breastfeeding Support Throughout the Continuum of Care." The objectives of the summit are to: 1. Utilize hospital breastfeeding data to measure the effectiveness of

maternity care practice and improve patient outcomes. 2. Interpret how breastfeeding can mitigate social determinants of poor health outcomes. 3. Employ the changing paradigm of public health action on breastfeeding from one of individual behavior to collective responsibility,

with particular emphasis on the role of the health care system to provide more support.

Want more information? Visit the California Breastfeeding Coalition's website at californiabreastfeeding.org. Hope to see you at the Summit! ☞

